

Physician/Supplier Part B Carrier BEF

<u>Element</u>	<u>Encryption Method</u>
NCH Near-Line Record Version Code	
NCH Near-Line Record Identification Code	
Beneficiary Claim Account Number	Encrypted
NCH Category Equatable BIC	
Original BIC	
Beneficiary Residence SSA Standard State Code	
Claim Through Date	Year/Quarter
Beneficiary Residence SSA Standard County Code	
Carrier Number	
Beneficiary Sex Identification Code	
Beneficiary Race Code	
Beneficiary Birth Date	Ranged
CWF Beneficiary Medicare Status Code	
Claim Principal Diagnosis Code	
Carrier Claim Payment Denial Code	
Claim Excepted/Non-Excepted Medical Treatment Code	
Claim Payment Amount	
Carrier Claim Primary Payer Paid Amount	
Carrier Claim Referring UPIN Number	Encrypted
Carrier Claim Provider Assignment Indicator Switch	
NCH Claim Provider Payment Amount	
NCH Claim Beneficiary Payment Amount	
Carrier Claim Beneficiary Paid Amount	
NCH Carrier Claim Submitted Charge Amount	
NCH Carrier Claim Allowed Charge Amount	
Carrier Claim Cash Deductible Applied Amount	
Carrier Claim Referring PIN Number	Encrypted
Care Plan Oversight (CPO) Provider Number	
Claim Blood Pints Furnished Quantity	
Claim Blood Deductible Pints Quantity	
Carrier Claim Diagnosis Code Count	
Carrier Claim Line Count	
Claim Diagnosis Code	
Carrier Line Performing PIN Number	Encrypted
Carrier Line Performing UPIN Number	Encrypted
Line NCH Provider State Code	
Line HCFA Provider Specialty Code	
Line Provider Participating Indicator Code	
Carrier Line Reduced Payment Physician Assistant Code	
Line Service Count	
Line HCFA Type Service Code	
Line Place of Service Code	
Carrier Line Pricing Locality Code	
Line Last Expense Date	Year/Quarter
Line HCPCS Code	
Line HCPCS Initial Modifier Code	
Line HCPCS Second Modifier Code	
Line NCH BETOS Code	
Line IDE Number	
Line National Drug Code	
Line NCH Payment Amount	

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<u>Element</u>	<u>Encryption Method</u>
Line Beneficiary Payment Amount	
Line Provider Payment Amount	
Line Beneficiary Part B Deductible Amount	
Line Beneficiary Primary Payer Code	
Line Beneficiary Primary Payer Paid Amount	
Line Coinsurance Amount	
Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount	
Line Interest Amount	
Line Primary Payer Allowed Charge Amount	
Line 10% Penalty Reduction Amount	
Carrier Line Blood Deductible Pints Quantity	
Line Submitted Charge Amount	
Line Allowed Charge Amount	
Carrier Line Clinical Lab Number	
Carrier Line Clinical Lab Charge Amount	
Line Processing Indicator Code	
Line Payment 80%/100% Code	
Line Service Deductible Indicator Switch	
Line Payment Indicator Code	
Carrier Line Miles/Time/Units/Services Count	
Carrier Line Miles/Time/Units/Services Indicator Code	
Line Diagnosis Code	
Carrier Line CLIA Alert Indicator Code	
Line DME Purchase Price Amount	